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TAGS: [EAID](#) [PHUM](#) [PREL](#) [SO](#)
SUBJECT: SOMALIA DART SITUATION REPORT 19 ? CHOLERA
UPDATE

REFS: A) NAIROBI 00255 B) NAIROBI 00720

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SUMMARY

11. The rate of new cholera cases is declining in most areas of southern and central Somalia following repairs to water and sanitation facilities damaged from recent flooding. However, repairs are needed in Lower Shabelle Region and Mogadishu, where insecurity has thus far obstructed response efforts, allowing the cholera outbreak to continue. Despite adequate response efforts in most of southern and central Somalia, non-governmental organizations (NGOs) in northern regions have acknowledged that poor prevention and early detection capacity resulted in high case fatality rates in some areas, and are working to address the issue. USAID's UN and NGO partners have provided medical supplies and assisted in water and sanitation repair activities, helping to prevent the further spread of cholera. End summary.

BACKGROUND

12. The current cholera outbreak in southern and central Somalia originated in Lower and Middle Juba regions in December 2006 as a direct result of recent flooding that had damaged water and sanitation facilities. Health agencies acted quickly to contain the spread of cholera (REF A), which is endemic in Somalia. However, deteriorating hygiene conditions led to new cases of suspected cholera in Hiran Region in

mid January and it has since appeared in Lower and Middle Shabelle regions (REF B) and Mogadishu.

¶13. As of March 2, the UN World Health Organization (WHO) had received unconfirmed reports of 3,633 cases of acute watery diarrhea, including 143 deaths in southern and central regions. Health organizations are also responding to a limited number of suspected cases in Mudug and Bari regions in northern Somalia.

Although WHO continues to refer to the cases as acute watery diarrhea given insufficient sampling and confirmation of the cholera bacterium in all locations, many areas have confirmed the presence of the cholera bacterium and suspected cases are consistent with the case definition of cholera. As such, the USG Disaster Assistance Response Team (DART) continues to refer to the current outbreak as cholera.

GENERAL IMPROVEMENT IN SOUTHERN AND CENTRAL SOMALIA

¶14. Reports of new cases are declining overall in southern and central Somalia, and WHO reports that adequate medical supplies have been mobilized to Hiran, Middle Shabelle, and Lower and Middle Juba regions. WHO staff lead regular task force meetings in Hiran and Middle Shabelle regions and in Kismayo and Mogadishu to discuss and improve upon cholera response activities. WHO has provided medical supplies to affected areas, and humanitarian organizations are coordinating surveillance, treatment, and water and sanitation activities.

CONCERNING TRENDS IN LOWER SHABELLE AND MOGADISHU

¶15. WHO is particularly concerned over recent cholera cases in Lower Shabelle Region and Mogadishu, where

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insecurity presents significant challenges to relief agencies. The number of suspected cases is increasing in Lower Shabelle, due to an influx of internally displaced persons from Mogadishu, who lack access to clean water and sanitary facilities. By March 2, WHO had received unconfirmed reports of 235 cases in Merka, including 15 deaths, representing the highest incidence in the region. Between early February and March 2, health officials reported 151 cases with 15 deaths in Afgoye, 112 cases with 7 deaths in Kattunwery, and 111 cases with 7 deaths in Qoryoley. From February 10 to March 2, Sablale and Awdegle reported 61 cases, including 12 deaths, and 17 cases have been noted in Brava town since February 24.

¶16. In Mogadishu, WHO has reported 391 cases with nine deaths between February 24 and March 2. Out of ten samples collected from Banadir hospital, nine tested positive for the cholera bacterium. WHO notes a need for additional water and sanitation activities to improve hygiene conditions, however, the limited presence of international humanitarian organizations in Mogadishu combined with ongoing insecurity significantly limits the potential response.

¶17. Regular water and sanitation activities had been temporarily suspended due to insecurity, however WHO has requested that partners resume efforts in order to improve sanitation and curb the spread of cholera in Lower Shabelle. Mobile health teams are providing treatment and WHO dispatched a diarrhea disease kit with sufficient supplies for 100 severe and 400 moderate cases to both Lower Shabelle and Mogadishu. USAID partner the UN Children's Fund (UNICEF) is scheduled to distribute additional supplies within the following week and is also pre-positioning supplies in Baidoa and Mogadishu for future response efforts.

¶8. In addition to regular health cluster coordination meetings in Nairobi, and cholera task force meetings in Mogadishu, the Somalia Support Secretariat (SSS) health cluster meeting chair may call ad hoc meetings in March to further coordinate cholera response efforts between local, international and UN agencies.

CHOLERA IN NORTHERN REGIONS

¶9. Although the overall number of cholera cases is declining in Galkayo and Bossaso towns, health agencies have expressed marked concern over the high case fatality rates, particularly in Galkayo. With some new cases in the past two weeks, health officials in Galkayo have reported 66 cases, including 13 deaths, resulting in a case fatality rate (CFR) of 19.6 percent for the February 18 to March 5 reporting period. In Bossaso, local officials reported 202 cases, including 10 deaths between February 16 and March 6, yielding a CFR of 4.95 percent. Health experts noted that while the outbreak has already been contained in Galkayo and Bossaso, the unacceptably high CFRs were due in part to poor application of institutional knowledge and insufficient preparation and prevention activities.

¶10. The SSS chairperson for the health cluster said that cholera prevention and early detection efforts, particularly in these two areas, had been insufficient, and indicated that health agencies were not adequately

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prepared despite cholera being endemic in Somalia. The NGO Merlin has drafted a lessons learned document regarding the cholera situation in Galkayo and Bossaso for review by the health cluster to enhance preparedness for future outbreaks.

USAID PRIORITIZES HEALTH AND WASH INTERVENTIONS

¶11. USAID's Office of US Foreign Disaster Assistance (OFDA) has long prioritized health and water, sanitation, and hygiene (WASH) interventions throughout Somalia with the aim of improving sanitation and hygiene and reducing vulnerability to water-borne diseases such as cholera. OFDA committed more than \$4.5 million for health and WASH activities throughout Somalia in FY 2006, and has provided \$2 million to date in FY 2007 for additional WASH programming through UNICEF in response to recent flooding and conflict.

COMMENTS

¶12. While Puntland has been more secure than southern and central Somalia and has a functioning Ministry of Health (MOH), it appears that a degree of complacency has set in amongst the MOH, UN and NGOs. While most recently international focus has been on southern and central Somalia, the UN and aid agencies must maintain vigilance and garner the same level of response for cholera in the northeast and northwest regions of the country.

¶13. In spite of years of NGO experience and decent preparation efforts in most of Somalia, cholera is again claiming lives. Until security improves and health resources increase, Somalis will continue to be vulnerable to this preventable disease.

RANNEBERGER